

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	1						66						
17		1					67						
18							68						
19		3					69						
20	1						70						
21	1						71						
22		1					72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	6						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER D IN AMENDMENT		AFTER D IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17		1	1			
18		1		1		
19		3		2		
20	1		1			
21	1		1			
22		1		1		
23	1		1			
24		1		1		
25	1		1			
26	1		1			
27	1		1			
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	10		10			
TOTAL OFF.	18		26			
TOTAL	28		26			

	AS FILED		AFTER D IN AMENDMENT		AFTER D IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86	1		1			
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91	1		1			
92		1		1		
93		1		1		
94		1		1		
95	1		1			
96		1		1		
97		1		1		
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						